## Table 2.

### Adverse Effect Management During Second-Generation (Atypical) Antipsychotic Treatment in Youths with ASD and ID

<table>
<thead>
<tr>
<th>Adverse Effect</th>
<th>Intervention</th>
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</table>
| Weight gain and metabolic abnormalities | ✷ Healthy lifestyle counseling  
✦ Begin or switch to antipsychotic with low adverse effect risk profile (i.e., lower metabolic risk).  
✦ Consider targeted treatment for abnormal weight:  
✧ Obtain blood pressure values.  
✧ Initiate lipid-lowering diet for dyslipidemia.  
✧ Refer to specialist (child psychiatrist, pediatric neurologist, or developmental pediatrician).  
✧ Consider a trial of metformin. |
| Neuromotor                            | ✷ Monitor for movement disorders in youth with ASD/ID; can be difficult due to stereotypy and repetitive behaviors.  
✦ Comprehensively assess abnormal movements at baseline and follow-up with objective rating scales.  
✦ Individualized strategy and family member participation may be necessary to facilitate treatment adherence. |
| Parkinsonism, dystonia (EPS)          | ✷ Reduce dose.  
✦ Add anticholinergic medication.  
✦ Switch to lower-risk agent. |
| Akathisia                             | ✷ Reduce dose.  
✦ Switch to lower-risk agent. |
| Dyskinesia                            | ✷ Review indication.  
✦ Consider stopping.  
✦ Switch to lower-risk agent. |